

Inette Law Aldridge

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Funeral Services

For

Jacksonville, Florida

Mrs. Inette Law Aldridge, age 29, died Monday in Jacksonville, Florida after a short illness. She was a Bulloch County native but had resided in Jacksonville for several years. She was a member of the Scott's Creek Baptist Church.

She is survived by her husband, Lloyd Aldridge of Jacksonville, Fla.; her father, Nelson Law of Statesboro, Ga.; her step-mother, Mrs. Annie B. Law of Statesboro, Ga.; three sisters, Ms. Eddie Faye Law of Cobbtown, Ga., Mrs. Catherine Holt and Mrs. Charlene Hill both of Statesboro, Ga.; a brother, Willie Lawrence Powell of Cobbtown, Ga.; several other relatives.

Interment will be held Wednesday at 2:00 p.m. from the Ada Bell Church of God Cemetery. Family visitation will be held Tuesday night from 8:00 to 9:00 p.m. from the Chapel of Payton's Mortuary. Payton's Mortuary is in charge of arrangements.

Jacksonville, Fla
June 14th 1983

Resolution

Giving Honor to God, and praising his Holy name, for our presence here today. It was God who made us, and not we ourselves, and at his bidding. if Death should come, me, with out stretched hand whispering softly of an unknown land. I shall not be afraid to go. for though the path I do not know. I take Death's hand, without a fear. for he who safely brought me here. Will also safely take me back safely. Jesus will not let me go alone, into a land that is unknown. So I reach out and take Death's hand. and journey to that promised land.

To our Bereaved family, We the friends and neighbors of Dear and lovely Inezette ^{Law} ^{Albridge} who left us so suddenly June 7th 1983. She was a lovely lovely flower and God just walked through his garden of souls and plucked one of the most beautiful ones ready and in full bloom, that is the way we are when we have finished our work here.

I just know she has found great joy in eternal life and would not return if she could. She lived her life saying, I do not know how long I'll live, but while I live Lord let me give, some comfort to someone in need, by a smile or a nod or a kind word or

a deed, and let me do what ever I can
to ease the burdens for my fellow man
I want only to do my part, to lift a
tired or weary heart, to change folks
frowns to smiles again, then I will not
have lived in vain
If I can give and give and give.

this is Humbly Submitted by the
neighbors and friends of the deceased.
Presented in love by

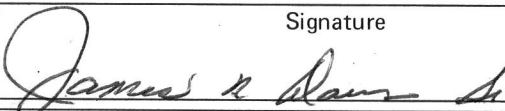
Sister Marie Smothers
and Mr. Frank May

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL—TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Inette	Law	Aldridge		JUNE	7	1983
2. Place of Death	City, Town or Location			Name of (If neither, give street address)			
County	Duval			Inst. University Hospital			
3. Name of Medical Certifier	Medical Examiner's			Address			
	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Medical Examiner			2100 Jefferson Street Jacksonville, Fla.			
4. Funeral Home/ Direct Disposer	Name			Address			
	JAMES DAVIS FUNERAL HOME			5879 Moncrief Road Jacksonville, Fla. 32209			
5. Check Appropriate Box	a	<input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
	b	<input type="checkbox"/> _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.					
	c	<input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.					


6. Funeral Director/ Direct Disposer	Signature	Fla. Lic. No./Reg. No.	Date Signed
		728	June 10, 1983

B. BURIAL—TRANSIT PERMIT

Permit No. 814-70

Permission is hereby granted to dispose of this body.

☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

Registrar or Sub-Registrar Signature		Date Issued	June 10, 1983
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C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____
or
Medical Examiner, _____, gave authorization by telephone to _____
_____ Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Method of Disposition:

☐ BURIAL ☐ STORAGE
☐ CREMATION ☐ OTHER (Specify)

Place of Disposition _____
Date of Disposition _____

Signature of Sexton)
or Person-in-Charge)

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.